majority leader of the Senate. When the history books are written about people standing tall during a time of crisis, TOM DASCHLE will be at the top of that stack.

Mr. DASCHLE. I thank the distinguished Senator from Nevada for his kind and generous words. This has been a difficult challenge for all of us. I am grateful.

I note that any time somebody gives me credit for ''standing tall,'' I will take that as the highest compliment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, I echo the words of the Senator from Nevada. We have all been impressed with the tremendous grace and strength that our Senate majority leader has shown under unbelievable pressure. Our thoughts are with him and with his staff as they continue to go through this ordeal. He has, indeed, made every Member proud by his actions during this difficult time.

BETTER PHARMACEUTICALS FOR CHILDREN ACT

Ms. COLLINS. Mr. President, I commend the Senator from Connecticut, Mr. DODD, and the Senator from Ohio, Mr. DEWINE, for today's passage of the Better Pharmaceuticals for Children Act. I am very pleased to be a cosponsor of this reauthorization. The American Academy of Pediatricians said it best. They saluted this law which we are now extending as being the single most important policy development to improve children's health that this body has ever taken. I am delighted to be a cosponsor of this important legislation.

I believe it will help facilitate breakthroughs in pharmaceutical treatments of children by ensuring proper testing and dosage. I commend the Senator from Connecticut and the Senator from Ohio for their excellent leadership.

(The remarks of Ms. COLLINS pertaining to the introduction of S. 1570 are located in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

The PRESIDING OFFICER. The Senator from Ohio.

CONGRATULATING SENATE STAFF

Mr. DEWINE. Mr. President, I rise late in the afternoon today of what has been a highly unusual day in the Senate—in Washington. I want to take a moment to congratulate all the people who are working, all the people who are working in the Senate Chamber, all the Members' staffs who are working. Hearings have been held today. The Senate has been in session and work is continuing. I thank them for their dedication. I thank them for what they mean for our country and what they have done to help our country.

The vast majority of people who work on Capitol Hill, at least from my perspective in life, are fairly young. They have gone through something that no members of staffs have ever gone through before. They have done very well. I congratulate them and thank them.

I want to pay particular tribute to my staff and thank them. Eight members of my staff have been tested, as have hundreds of other members of other staffs. I also want to pay particular tribute to my State director, Barbara Schenk. Barbara has gone through a very difficult time in the last few weeks. Her brother, Doug Cherry, died in the World Trade Center. So our thoughts and prayers go to her and to her family and the Cherry family.

BEST PHARMACEUTICALS FOR CHILDREN ACT

Mr. DEWINE. One of the things that passed today was a bill that Senator DODD and I have been working on for some time. Senator DODD talked a little bit about it on the Senate floor earlier today. This bill is S. 838, the Best Pharmaceuticals for Children Act.

This is reauthorization legislation which Senator DODD and I wrote to ensure that more medicines are tested for children and that useful prescribing and dosing information appears on labels.

Let me take a moment on a personal note to congratulate my friend, Senator DODD, and his wife Jackie on the recent birth of their daughter Grace. I had the opportunity a couple of days ago when Senator DODD and his wife Jackie brought baby Grace into the Capitol to see baby Grace, a beautiful child—a great joy. So our congratulations go to both of them.

It is appropriate that the first piece of legislation that Senator DODD passed after the birth of his little girl was a bill that will help children, a bill that will make sure that good pharmaceuticals are available for children and that doctors, specifically pediatricians, and parents will know what the dosage for each medicine should be for their particular child, for the age of that child.

Four years ago, Senator DODD and I first learned that the vast majority of drugs in this country that came on the market every week—in fact over 80 percent—had never been formally tested or approved for pediatric use and therefore lacked even the most basic labeling information regarding dosing recommendations for children. When we found that out, we began writing what is now referred to as the pediatric exclusivity law. That bill passed. In the 3 years since that law went into effect, the FDA has issued about 200 written requests for pediatric studies.

Companies have undertaken over 400 pediatric studies, of which over 58 studies have been completed, for a wide range of critical diseases, including juvenile diabetes, the problem of pain, asthma, and hypertension.

Mr. President, 37 drugs have been granted pediatric exclusivity. Some studies generated by this incentive have led to essential dosing information; for example, Luvox. Luvox is a drug prescribed to treat obsessive-compulsive disorder. Pediatric studies performed pursuant to our law have shown inadequate dosing for adolescents, which resulted in ineffective treatment. The studies also have shown that some girls between the ages of 8 and 11 were potentially overdosed, with levels up to 2 to 3 times that which was really needed.

Since our law has been in effect, the private sector has increased its investment in pediatric training and developing a infrastructure to support and expand pediatric research. The FDA stated in a January 2001 report:

> The pediatric exclusivity provision has done more to generate clinical studies and useful prescribing information for the pediatric population than any other regulatory or legislative process to date.

The bill this Senate and House passed 3 years ago has done a great deal of good. We are seeing more drugs for children on the market that have a label that tells how they can be used, and more basic information for pediatricians. So when they look at that little child and they know the age of that child and they know the weight of that child, they can look it up and see exactly what the prescription should be, what the dosage should be, what the indicators are. They can do that because we have given the pharmaceutical companies an incentive to do that research, research they were doing prior to passage of this bill in only 20 percent of the cases.

A great deal of progress has been made, but we have further to go. That is what we were about today with the passage of the bill that I am now describing. Senator DODD and I and the other cosponsors knew that the law we passed 3 years ago could be improved. We knew that it had some holes in it. We set out to improve that, to fill the gaps, and address the outstanding issues, such as the testing of off-patent drugs, which the original law was never designed to include. It is understandable why the original law wasn't designed to include off-patent drugs. The original law extended the patent by 6 months. They extend it for 6 months if and only if they tested these drugs for children.

If a drug is not on-patent, if it is off-patent, the patent has basically expired, obviously that incentive doesn't do any good. What we tried to do with this bill that we passed today was to change that and therefore expand it and expand the purpose of this bill to include off-patent drugs as well.

For some products and some age groups, the existing market incentives are simply inadequate to encourage new pediatric research. In the bill we passed several hours ago, we have built upon the existing law's basic incentive structure to further ensure that these